

**MONTANA DEPARTMENT OF FISH, WILDLIFE AND PARKS
APPLICATION TO CAPTURE/KEEP
HAWKS, FALCONS, OSPREY, OWLS & EAGLES IN CAPTIVITY**

Name _____

Telephone No. _____ ALS# _____

Address _____
Street
City
State
Zip

Class of permit being applied for _____ Total years licensed to practice falconry _____

Where licensed previously_(if applicable) _____
 (Please include copy of previous license(s) with this application)

=====

Apprentice class only:

Name of Sponsor _____ License No. _____

Sponsor's Signature _____ Date _____

=====

List information below for each raptor now in your possession:

Species	Sex	Age	Band #	Source Acquired	Date Acquired
(1) _____					
(2) _____					
(3) _____					

=====

I hereby certify that I have read and am familiar with the regulations contained in title 50, part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of chapter 1, title 50, Code of Federal Regulations, and I further certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to suspension or revocation of this permit and to the criminal penalties of 18 U.S.C. 1001.

 Signature

 Date

=====

Separate Fees Enclosed (Check or Money Order)

Montana Department of Fish, Wildlife & Parks \$25.00 _____

U.S. Fish & Wildlife Service \$100.00 _____

FORWARD COMPLETED APPLICATION TO YOUR FISH, WILDLIFE & PARKS GAME WARDEN OR REGIONAL FISH, WILDLIFE & PARKS ENFORCEMENT OFFICE FOR PROCESSING.

FALCONRY INSPECTION REPORT
(For department use only)

PART 1 – FACILITIES

Address of Location _____

A. MEWS Dimensions: Length _____ Width _____ Height _____

- | | Yes | No |
|---|-----|-----|
| 1. Space to allow raptor(s) to fully extend wings | ___ | ___ |
| 2. At least one window provided | ___ | ___ |
| 3. Each window with vertical bars/rods on inside | ___ | ___ |
| 4. At least one secure door – can be easily cleaned | ___ | ___ |
| 5. Floor surface dry or well drained – can be easily accessed | ___ | ___ |
| 6. One perch of an acceptable design for each raptor | ___ | ___ |

Type: Shelf _____ Screen _____ Block _____

B. WEATHERING AREA Dimensions: Length _____ Width _____

- | | | |
|--|-----|-----|
| 1. Space to allow tethered raptor(s) to bate without striking wings on side or top of facility | ___ | ___ |
| 2. Sides of facility fenced with suitable material to exclude predators | ___ | ___ |

Type of fencing _____

C. ENVIRONMENTAL PROTECTION:

The facilities singly or in combination, provide adequate protection to the raptor(s) from

- | | | |
|---|-----|-----|
| 1. Excessive heat (mid-day shade provided) | ___ | ___ |
| 2. High winds and winter storms | ___ | ___ |
| 3. Avian and ground predators | ___ | ___ |
| 4. Disturbance, which would likely cause injury | ___ | ___ |

PART 11 – EQUIPMENT

A. RAPTOR EQUIPMENT

- | | | |
|--|-----|-----|
| 1. One pair of Alymeri (style) jesses for each raptor. An Alymeri jess consists of an anklet, grommet, and a removable strap for attaching the anklet and grommet to the swivel. | ___ | ___ |
| 2. One swivel of an acceptable or approved design for each raptor | ___ | ___ |
| 3. A reliable weighing scale or balance graduated in increments of not more than ½ ounce (15 grams) | ___ | ___ |
| 4. Log book available and up to date | ___ | ___ |

PART III – CERTIFICATION

- ___ Fees enclosed
- ___ Species and band numbers match those listed on application
- ___ APPROVED – Facilities and equipment meet Federal/State standards.
- ___ PROVISIONAL APPROVAL – Except as indicated below, facilities and equipment meet Federal/State standards. Applicant agrees to correct all deficiencies within 30 days.
- ___ DEFICIENCIES _____

Applicant – I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment, at or above Federal/State Standards.

Signature _____ Class Permit Recommended _____

Number and species recommended for license:

No. _____ Species _____ No. _____ Species _____ No. _____ Species _____

Signature of Inspecting Officer

Date

Regional Office Approval

Date

Helena Office Approval

Date

REMARKS AND COMMENTS: _____